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ABSTRACT

The Southern Child Care Support Program was established in 1986 to help children with disabilities gain access to child care services. The program consists of a team of four Integration Support Workers who are able to provide support in 27 child care centers in the region of Adelaide, Australia. The program's model of child care focuses on three factors: (1) children's social integration; (2) the development of child care staff's skills; and (3) eventual withdrawal of support. The basis of social integration lies in giving a child with a disability the opportunity to observe, model, and practice social skills. In this program, workers develop social integration programs for the children and implement the programs in the child care centers. To facilitate children's social integration, the program helps caregivers develop their skills at identifying children's needs and programming for these needs, and at using specific techniques to deal with children's disabilities. Once caregivers' skills are developed and children have been integrated into the centers, the program withdraws its support to prevent children or staff from developing a dependency on the support. (BC)

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A Model of Integration - Key Factors

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The Southern Child Care Support Program -Background

The Southern Child Care Support Program (the "Program") was established in October, 1986. It is funded by the Commonwealth Department of Health, Housing and Community Services and is being sponsored by the City of Happy Valley Council (the "Council"). The Program is managed by a community based Advisory Committee comprised of representatives from Child Care, the Council, the Program , Parents and other children's services.

The Program was established to assist the access of children with disabilities to child care services and in particular to provide support to the staff in Commonwealth-funded Child Care Centres to ensure the provision of quality care and education for children with disabilities.

Child Care Centres in Adelaide provide care and developmental programs for children aged between six weeks and six years. (some centres may not be liscenced to have children under 18 months/2 years) Children can attend a Child Care Centre from anywhere between half a day to five full days a week, depending on the family's need. Child Care Centres are used by working parents, parents who are studying or training, parents who would like,or need some time-out and for children who need the stimulation of being with other children, learning through play, and to develop independence, awareness and social ability by being with peers and other adults.

The Program currently consists of a team of four Integration Support Workers (including the Co ordinator) who are able to provide support in 27 child care centres in the Southern Region of Adelaide. The team members are all experienced and/or qualified in the areas of child development, disability and integration, and work with a focus on the whole child.

The aims of the Program include:

- supporting child care staff to develop their skills to meet the needs of children with disabilities
- supporting families in accessing child care services and other relevant services
- identifying each child's individual needs and assisting in developing appropriate developmental programs within a child care centre.

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- promoting public awareness of the issues related to child care for children with disabilities and integration generally

The Program team seeks to achieve these and other aims by working closely with child care staff, families, children and other professionals.

As the Program was one of the first of its type it was able to be very innovative and flexible in developing a model under which to operate.

The Advisory Committee and the Program Team, together developed a model, over a period of time, that focuses on three main aspects, or Key Factors.

The Key Factors are :
1. The child's Social Integration
2. The child care staff's Skill Development
3. The Withdrawal of Support

The model is continually under review and evaluation, but throughout the last five years the focus on these three aspects has remained the same.

In 1990, the Department of Health, Housing and Community Services facilitated a review of the Program. The feedback received by the completion of questionnaires by child care staff, families and other professionals was extremely positive. The Review supported the Program and the model it has been developing and working to.

Integration as a Concept

As recently as 15 to 20 years ago, most families were advised to place a child with a disability into an institution.

Since that time we have realised that many such parents lived a life of guilt and anguish and their children with disabilities lived a very narrow life, not experiencing the love and nurturing of a family and deprived of the experiences of life that the rest of the community takes for granted.

As more children stayed in the family home and became accepted and included members of their family, the issue of integration and inclusion into the community arose. The term 'integration' became very popular and various interpretations were developed. Some were:
- having groups of non-disabled children visit special schools or other facilities to do activities together.

- having children with a disability visit the neighbourhood school for some combined activities.
- developing a special class in the neighbourhood school for children with disabilities.
- putting a child with a disability in the regular classroom, but that child not participating in all academic work.

Each of these situations was fraught with problems. The children were not integrated and included, they were merely exposed to the community. There was very little opportunity for the children without disabilities to get to know the children with disabilities, or to see them as individuals.

They may have been better off than being in an institution but in many ways they were just as isolated within their local community.

If we think about how each one of us is an integrated or included person in our communities it is because we:
- have a level of social competence
- know and understand the rules and values of our community
- actively participate (or have an option to participate) in all our community offers

Most of all we have our own individual support system of family and friends, people who like us for who and what we are.

How did we achieve all this? We achieved it because we were integrated members of our community from birth.From being part of the play group, pre school, playing in school sports, going to friend's birthday parties and all the other things that kids do. We learnt acceptable behaviour, sharing concern, how to choose a friend and how to be a friend. If we had been denied any of these experiences we too would find it difficult to be an integrated member of our community. So why should we deny children who happen to have a disability these same opportunities to learn and develop as participating and integrated individuals?

The community must accept all children and meet all their needs by providing services accessible to all.All children need to be given the opportunities to learn social competence, rules and values, so they can participate in their community.

The pre school years provide valuable opportunities to begin facilitating this, to provide a solid base from which a child can grow and develop.

The Southern Child Care Program believes that it greatly influences and achieves the integration of children with disabilities into the community, through the model it practises. The Program aims to provide a solid base of social competence, learning of rules and values from which it is hoped the child will be able to grow and develop and be

included in his/her community as a participating individual.

As mentioned above the three Key Factors of this model of integration are:

1. The Child's Social Integration

The basis of social integration is the giving to a child who has a disability the opportunity to observe, model and practise social skills. It provides the child with opportunities to learn about him/herself and to learn about others.

It is through social interaction and integration that children learn about sharing, turn taking, acceptable behaviours, communicating and making choices and decisions which assists in the development of independence.It promotes the development of a positive self concept which Hogben and Wasley(1989) say "is vital to the optimum development of the individual"(page 30)

The Program strongly believes that the development of social interaction between children with disabilities and other children and adults will provide the child with a basis from which to learn about him/herself, others and provides the child with the ability to learn from the routines and activities of the child care centre (the "environment").

In discussing the importance of social play or interaction, Jeffree, McConkey and Hewson (1979) state that it is "vital to all children's development, handicapped or not"(page 136) and continue to make points that social play:
- encourages children to learn from other people
- develops the child's ability to communicate
- makes the child more sociable
- helps the child to develop friendships

After 20 years of existence, the National Head Start Association of America has recognized "social competence as the prevailing goal of early intervention"(Raver and Zigler, 1991, page 7)

The Program's Integration Support Workers develop individual integration programs for each of the children they support. The integration program is developed from information collected by the Integration Support Worker largely from:
- observations of the child at the child care centre. This includes observations of the child, the other children, the staff and the general program and environment, as all these elements influence the integration or inclusion of the child with a disability into the child care centre.
- the family of the child.
- the child care staff.

- other therapists and professionals working with the child and family.

The integration program that is then developed and implemented in the centre focuses on developing social interaction between the children and staff by providing activities and setting up situations that promote opportunities for this to occur.

It is possible for an integration program based on this model to have very little focus on the child with the disability. It can be more aimed at the environment and the staff, by providing appropriate activities and promoting a positive attitude.It can be aimed at the other children, encouraging them to be good models so that the child with the disability can observe and imitate his/her peers.

The Integration Support Workers facilitate the provision or creation of an environment that encourages children to develop social competence and knowledge and understanding of the rules and values of our community.

One of the advantages of this model is that integration or inclusion into a centre is possible for all children, regardless of cognitive ability , physical ability and communication skills. All children can socially interact or be a social participant in the centre. The level of this interaction will vary from child to child. For the severely or multiply disabled child social interaction may be at the level of the other children acknowledging him/her and passing him/her a toy, reading him/her a story and including this child in conversations. For other children social interaction may be at a more involved and complex level such as social play in the home corner, game playing, turn taking and sharing.

A difficulty with this model is that there are so many influencing factors; the staff, the other children, the environment. The success of the integration program relies on all of these factors working together with the focus on social integration and a positive attitude to having a child with disabilities in the group. The Integration Support Worker has to develop strategies to ensure that all these factors are working together toward the same end.

Another concern that the Program has, which is perhaps the most frustrating aspect, is the difficulty of measuring the achievement of this model. Other integration and early intervention programs can dertermine their success by assessing the child to measure the child's developmental gains. This Program does not have such a tangible measure.

Benefits and results of our integration program will not necessarily be evident until the child is older and is included in his/her community. However, from our experience, we do believe that our type of integration program develops children's self-esteem, enhances a strong sense of belonging and social competence, which we know are important factors in developing support systems, friendships and links in the community.We also believe that once the child feels good about him/herself, has trust in others, feels comfortable and confident within the environment , the learning of other skills will occur more naturally. The child will be motivated to learn, to grow and develop alongside his/her peers. This has definitely been our experience.

2. The Child Care Workers - Skill Development

To achieve integration within a child care centre you need child care workers with an understanding and ability to meet the needs of children with disabilities. The attitudes, understanding and skill level of child care workers has a significant role in the integration of children with disabilities.

It is easy to see that integration, if left up to only a select few individuals , would not achieve the desired outcome of natural, long term integration and inclusion in the community. The community, in this case the child care centre, needs to be able to facilitate the integration or inclusion of a child with disabilities, as naturally as they would any other child attending the centre.

To achieve this the Program has set out to provide child care workers with the following:
- understanding of integration and the importance of integration for the child, the family and the community
- skills in observation and identification of children's individual, developmental and social needs
- skills in programming to meet children's individual needs across all developmental areas(including social)
- knowledge of specific disabilities
- skills in specific techniques and methods

The skills that the Integration Support Worker aims to develop in the child care worker will largely depend on the needs of the individual child in each support situation. The above areas, however, are encouraged in virtually every support situation.

To develop these areas, the Integration Support Worker will, as part of the integration program, set out to:
- model appropriate methods of handling the child, the environment and the other children so as to meet the child's needs

- provide direct instruction, in the use of specific equipment, communication systems and physical techniques of handling a child with a disability
- provide appropriate resources, toys, equipment and literature and assist in utilising these
- provide ideas to enhance programs and activities to promote social interaction, through written material and verbal ideas
- offer workshops on topics regarding integration issues and specific disabilities
- link child care workers into resources such as toy libraries specializing in toys and equipment for children with disabilities
- establish links and networks between child care workers and early intervention workers and therapists
- arrange visits for child care workers to observe the child with the disability during a therapy session, to establish networks and develop skills

The program is also involved in promoting the skills and abilities of child care workers through facilitating, with others, an inservice program for early childhood workers in the area of integration and disability. The Program also regularly speaks to groups of students studying Child Care at a tertiary level.

One advantage of having a focus on enhancing the child care workers'skill and knowledge base is that the subsequent children with disabilities that attend the centre will benefit from this. The Program has observed an amazing change in the attitudes towards integration and children with disabilities and an increase in knowledge and ability to meet the needs of children with disabilities in the child care sector over the past five years.

The Program is ultimately rewarded when a centre says, " we don't think that we will need support for Tommy". It is the proof that child care workers have developed to a skill level where they can confidently and competently meet the needs of a child with a disability within their regular program.

3. The Withdrawal of Support

Ideally, the integration process will develop to an extent where the Program's support of the child and child care staff can be withdrawn. This withdrawal process will be gradual and in some cases will never be completed. But a lessening of support can be achieved within a suprisingly short time.

The program aims to withdraw support to minimize the possibility of the child and/or the staff developing a dependency on the support. The Program encourages the child care centre to not only recognize their resposibility to provide a quality service to children with disabilities but to actively achieve this. From our experience this is more

likely to occur if the support is withdrawn once the integration program is achieving the desired outcome.

In deciding to withdraw, whether totally or in part, the following factors are considered:
- the skill level and understanding of the child care workers
- the social inclusion of the child with a disability. This involves the activities that are provided and whether they are meeting the child's needs
- the child with a disability's level of need
- the amount of time the child with a disability is attending the centre

We monitor the withdrawal of all support to determine its effect on both the child and the staff, by maintaining contact (whether by visiting or telephoning regularly) and can reinstate the support or some degree of support should that be necessary.

The program has observed one major benefit of withdrawing support, being that the child with the disability is seen as a true, participating member of the child care centre, by the parents , the child care workers, the other children and in fact any one who visits the centre. They see a child care group having fun, doing activities and learning through play and the child with a disability is just "one of the kids".

Of course another benefit of withdrawing support is that those support resources are available to aid the integration of another child with disabilities. In these financially difficult times, this is a very attractive element of this Program. The Program, by using this model, is able to support many children over a period of time with a relatively small team of Integration Support Workers and limited resources. Without using this "flow - through" approach we would not be able to support as many children and staff, we would be committed to supporting the same child for anywhere up to four or five years.

Over the past five years the Program has been able to extend it's geographical boundaries to move from supporting 7 child care centres to supporting 27 , with a minimal increase in resources. This is quite remarkable and has only been possible due to the model the Program works to.

The Program has acknowledged that some children will need continued support. This is usually in the situation where the child has high pysical needs, that are requiring one to one support for the child to be mobile, to participate in activities and routines. The Program also identifies that this level of support does not necessarily require an Integration Support Worker but an extra child care worker in the child care centre during specific times that child is attending.

We have been fortunate enough to pilot a small program, which we entitle "Higher Staff Ratio Support", over the last 18 months. Due to its success we are seeking additional funds to extend it and develop it futher. The concept is that in situations where the Program feels support can be withdrawn, but the child requires a certain amount of one to one support, the child care centre employs a casual relief staff person. This increases the staff ratio, to allow the child care workers the time to support the child's participation in activities and routines, and the Program then reimburses the centre. The Program's experience with this concept has to date been very positive, however a formal evaluation of the pilot has not yet occured.

In Conclusion

The Program strongly believes that it's success in the integration of children with disabilities into child care centres is largely due to the model it has developed and works to. The model's Key Factors as discussed in this paper are, we believe the key to the successful integration and could also be developed to aid the integration of children with disabilities into other pre school and school settings. The model could also be developed to aid the integration of adults with disabilities into the workforce and other community facilities to provide opportunities for these people to be participating and included members of their community.

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